

1125

THIS FORM, WITH UNIFORM INK, IS A PERMANENT RECORD.
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated. This certificate must be filed by the attending Physician or Midwife with the Local Registrar within 5 days after birth.

PLACE OF BIRTH		ARIZONA TERRITORIAL BOARD OF HEALTH	
BUREAU OF VITAL STATISTICS.		CERTIFICATE OF BIRTH.	
County of <u>Gila</u>	District of _____	Register No. <u>105</u>	Ter. Index No. <u>109</u>
Town of <u>Globe</u>	City of _____	St.; _____	Ward _____
FULL NAME OF CHILD <u>James Robert Morris</u>		Born <input checked="" type="checkbox"/> Alive <input checked="" type="checkbox"/>	
If child is not named, make Supplemental report on blank obtainable from local registrar.			
Sex of Child <u>Male</u>	Twin, Triplet or other <input checked="" type="checkbox"/>	and Number in order of birth <u>1</u>	Legitimate? <u>Yes</u>
Date of Birth <u>October 27</u>		19 <u>09</u>	
(Month) (Day) (Year)			
FATHER		MOTHER	
Full Name <u>Charles William Morris</u>	Full Maiden Name <u>Alice Jamell</u>		
Residence <u>Blake St - 220</u>	Residence <u>Same</u>		
Color or Race <u>White</u>	Color or Race <u>White</u>		
Age at last Birthday <u>38</u>	Age at last Birthday <u>33</u>		
(Years)	(Years)		
Birthplace <u>Missouri</u>	Birthplace <u>Samplace Texas</u>		
Occupation <u>Policeman</u>	Occupation <u>Housewife</u>		
Number of child of this mother <u>4</u>		Number of children, of this mother, now living <u>4</u>	
		Were precautions taken against Ophthalmia neonatorum? <u>Yes</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of above child; and that it occurred on <u>Oct 27, 1909, 1909</u>			
*When there is no attending physician or midwife, then the householder should make this return. See instructions on back.			
Given or christian name added from a supplemental report _____ 19____		(Signature) <u>C. J. Sturgeon</u>	
		(Attending physician, midwife, householder. *)	
Filed <u>Oct 29</u> 19 <u>09</u>		Address <u>Globe</u>	
142-1027-173		<u>B. G. Fox M.D.</u>	
COUNTY REGISTRAR.		LOCAL REGISTRAR.	
		<u>B. G. Fox M.D.</u>	
		COUNTY REGISTRAR.	